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APPLICANTS

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** CONTINUING DATA ***** *NONE up*** FOREIGN APPLICATIONS ***** *NONE up*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/07/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 32	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 87
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	

ADDRESS

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TITLE

Mucus shaving apparatus for endotracheal tubes

FILING FEE RECEIVED 1358	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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